UNITED STATES DISTRICT COURT DISTRICT OF OREGON

ELIA AZAR, et	al.	Plaintiff(s),	Case No.:	3:16-cv-00	0483-SI	**************************************
v.	u	1 iaiiti11(3),		TION FOR ION – <i>PRO</i> I		
BLOUNT INTE	RNATIO	ONAL, INC., et al.				
		Defendant(s).				
Aŗ	plicatio	on for <i>Pro Hac Vice</i> Adr	- nission and Cl	M/ECF Regi	stration	
Attorne	y <u>Nico</u>	le Valente	requ	ests special a	idmission <i>pro</i>	hac
vice to the Bar	of the U	nited States District Cour	rt for the Distric	ct of Oregon	in the above-	
captioned case	for the p	urposes of representing t	he following pa	arty(s):		
		nternational, Inc., Andı	rew C. Clarke,	, Nelda J. C	onnors, E. D	aniel James,
Harold E. La	yman					
In suppo	ort of thi	s application, I certify the	at: I) I am an a	ctive membe	r in good stan	ding
with the New	York	_ State Bar; and 2) that I	have read and	am familiar	with the Feder	ral
Rules of Evider	ice, the I	Federal Rules of Civil an	d Criminal Pro	cedure, the L	ocal Rules of	this
Court, and this	Court's S	Statement of Professional	lism.			
I unders	tand that	t my admission to the Ba	r of the United	States Distri	ct Court for th	ne
District of Oreg	on is so	lely for the purpose of lit	igating in the a	bove matter	and will be	
terminated upor	the con	nclusion of the matter.				
(1)	PERSO	ONAL DATA:				
			Nicole		D.	
		(Last Name)	(First Name)		(MI)	(Suffix)
	Agency	Ifirm affiliation: Crava	th, Swaine & I	Moore LLP		
	Mailing	address: 825 8th Aver	nue			

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	City:_	New York	_State: NY	Zip:10019
	Phone	number: 212-450-4646	_Fax number:	212-474-1957
	Busine	ess e-mail address: nvalente@crava	ith.com	
(2)		CATION:		
	(a)	Undergraduate School: 54. Jol City: Taylaca State: Year Graduated: 13 Degree(s):	MA	isity_
	(b)	Graduate School: NA		
		City:State:		
		Year Graduated: Degree(s):		
	(c)	Law School: Whiversity of City: Austin State:	IX	nool of Law
		Year Graduated: Degree(s):	J. D.	
(3)	BAR	ADMISSION INFORMATION:		
	(a)	State bar admission(s), date(s) of a		
	(b)	Other federal court admission(s) ar	nd date(s) of adm	ission:
	am no	TIFICATION OF DISCIPLINARY t now, nor have I ever been subject to all bar association.		action by any state
		w or have been subject to disciplinary ion. (See attached letter of explanation)		e or federal bar

(5) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

(6) CM/ECF REGISTRATION:

I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.

DATED 06/20/2009

(Signature)

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate following box:	ite with loca	ıl counsel under	LR 45-1,	check the
I seek admission for the limited purpose of Court did not issue. Pursuant to LR 45-10 requirement to associate with local counse from local counsel with this application.	(b), I reques	st a waiver of the	e LR 83-3((a)(1)
To associate with local counsel, complete the foll counsel.	lowing sect	ion and obtain tl	he signatuı	e of local
Name: Christy, Ian M.				
(Last Name)	(First Name	?)	(MI)	(Suffix)
OSB number : 160116	Date adm	nitted: 1/11/201	16	
Agency/firm affiliation: Miller Nash Graham 8	& Dunn LL	<u>P</u>		
Mailing address: 111 S.W. Fifth Avenue, Sui	te 3400			
City: Portland		_State:_OR	Zip:	97204
Phone number: 503-224-5858		_Fax number:	503-224	-0155
Business e-mail address: ian.christy@millernas	sh.com			
CERTIFICATION OF ASSOCIATE LOCAL I certify that I am a member in good standing of tunderstand the requirements of LR 83-3, and that number 3:16-cv-00483-SI DATED: 7/2/2018	the bar of th	is Court, that I h		
	nature of Loc	cal Counsel))

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COURT ACTION			
Application for pro hac vice admission by	in case number		
is hereby:			
☐ Approved subject to payment of fees.☐ Denied.			
DATED:			
United Sta	tes District Judge		